## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

FILE NO. UPA - 00156

As a below named inventor. I hereby declare that my residence, post office address and citizenship are as stated below next to my name and that I verily believe that I am the original, first and sole inventor(if only one name is listed below) or an original, first and joint inventor(if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.

METHOD OF PACKAGING MULTI CHIP MODULE

WETHOD OF TACKAGING								
the specification of which is attached hereto, unless the following box is checked:  was filed onas United States patent application Serial Number					or PCT International patent			
application					, or i a i monatorial patent			
No l hereby state that I have reviewed					as amended	by any amendme	nt	
referred to above.			•	· ·		,		
l acknowledge the duty to disclose								
I hereby claim foreign priority be United States provisional application(s)								
before that of the application on which j				•		C	Č	
Prior Foreign Application(s) or Provisio	onal Application(s)							
COUNTRY	APPLICATION NUM	IBER	DATE OF FILIN	_	PRIORITY CLAIMED			
		(day, month,		ar)	UNDER 35 U.S.C.119			
	enner .				YES	NO		
					YES	NO		
I hereby claim the benefit under <i>Ti</i> each of the claims of this application is	tle 35, United States Code.	Section 120	of any United States applica	ition(s) listed belov sovided by the first	v and, insol	ar as the subject n	natter of	
Code, Section 112. I acknowledge the	duty to disclose information	n which is m	application in the manner praterial to patentability as de	fined in <i>Title 37. (</i>	ode of Fea	leral Regulations,	Section	
1.56 which became available between the								
			li n.a	<del></del>	075.47	W.G		
UNITED STATES APPLICATIO NUMBER	DATE OF FI (day, month,	(nater	STATUS (patented, pending, abandoned)					
Newpark				\(\frac{1}{2} \)		<u></u>		
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I hereby appoint the agent(s), wh	ose name(s) and Registrati	ion No(s). ar	nd address is list below/per	attached, as my	orincipal ag	gent(s) with full p	ower of	
substitution and revocation to prosecu	te this application, to tran-	isact all busi	ness in the Patent and Tra	demark Office cor	nnected the	rewith and to rec	eive all	
correspondence.	Jason Z. Li	in						
SEND CORRESPONDENCE TO :	19597 Via I		ive Tel: (408)86	57-9757				
	Saratoga, C		Fax: (408)86					
	Saratoga,	C/1 /50/0	141. (100)00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
I hereby declare that all statements	s made herein of my own ki	nowledge are	true and that all statement	made on informati	on and beli	ef are believed to	be true;	
and further that these statement were munder Section 1001 of Title18 of the U	iade with the knowledge that	at willful fals such willful	e statements and the like so false statements may iconar	made are punisna dize the validity o	ore by tine f the applic	or imprisonment, ation or any paten	or boin, it issued	
thereon.	med offices code, and that		Talor Statements may Jeepan					
FULL NAME OF SOLE OR FIRST INVENTOR		INVENTO	Randy 47 L		May 30 2000			
Randy H. Y. LO			Randy H	Lo	/`	1ay 30 -		
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				an, R. O. C.				
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FULL NAME OF THIRD JOINT INVENTOR		INVENTORS SIGNATURE			DATE			
Ssu-Cheng LAI			· · · · · · · · · · · · · · · · · · ·					
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